

## Satisfaction Survey

Please Reply with Excellent, Very Good, Good, Fair or Poor

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Event Date:

Event Type:

Event Location:

Event Staff:

Quality of Customer Service via Telephone:

Quality of Customer Service via Internet:

Quality of Customer Service at Event:

Friendliness of your Entertainer:

Promptness of your Entertainer:

Professionalism of your Entertainer:

Entertainer's Performance:

Entertainer's Appearance:

System Appearance:

Sound Quality:

Overall Volume Levels:

Music Selection:

Incorporation of Your Requests:

Lighting Effects:

Equipment Appearance:

Customer Service:

Planning Assistance:

Entertainer's Cooperation with Other Vendors:

Overall Performance Rating:

Is there anything specific that can be improved upon?

Additional comments or suggestions?

Would you recommend this service to others?

May your comments be shared with others?

May your name be added to a list of references?

Your Name:

Your Email:

Your Phone Number(s):

Please return this survey to our office at your earliest convenience

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